USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS						
THE CLEVELAND MUSEUM OF ART	Born in Cleveland YES ANO			-		
FORTY-EIGHTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WI				NO		
APRIL 20 to MAY 22, 1966		Elifelen i levi	ious may silows:	□ NO		
> ш		POBERT LAFSSIE			_	
Collaborator in any		Artist ROBERT LAESSIE LAST NAME LAST NAME			<u></u>	
Address 5026 Atuk	FELD 44286	SUMMIT	Tel. 06-9-	5678		
NO. STREET CITY ZIP C			COUNTY	, , , ,		
Out—of—town residents should state whether return shipment is required. YES NO						
Please bring Registration Fee of \$2.00 (Check or Money Order) with your entries.						
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Artist FIRST NAME LAST NAME	Artist - FIRST NAME	LASTNAME		T NAME LAST NA	ME	
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This entry blank must be fully made out (typewritten or plainly lettered for catalog						
and the stand of the stand of the standard of						
SUDMIT ENTRES WITH ENTRY BEARING AND						
Note calendar for delivery and return of objects carefully. It is understood that the FEE FEBRUARY 26 THROUGH MARCH 5, 1966.						

Museum will have the right to dispose for its own account any entry not called for by July 2,1966.

It is also understood that accepted entries will remain on exhibition until May 22

The submission of entries will be construed as acceptance of all conditions printed in this entry-blank.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

REJECTED: April 23 - May 7

ACCEPTED: May 27 - June 11